Understanding Trauma and COVID-19:

What School Professionals Can Do to Help

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Presentation Goals

1. Define trauma
2. Understand ACES, PCES, and effects of quarantine
3. Understand the impact of trauma and COVID-19 on students when they return to school
4. Learn how schools can prepare for students to return
5. Discover interventions/accommodations for specific problems that may arise
6. Considerations in trauma assessment
7. Provide PAR resources to add to your trauma toolkit

Trauma Defined

History of Trauma

- 19th Century—hysteria & dissociative phenomena
- After WWI—"shell shock syndrome"
- 1942—Lindemann and Parad—Contemporary trauma theory
- Vietnam War
- 1980 *DSM-III*®—PTSD was included
- Complex trauma/Developmental trauma disorder

DSM-5® Definition PTSD

- PTSD used to be under anxiety
- Now under Trauma and stressor-related disorders
- The person was exposed to:
  - Death or threatened death
  - Actual or threatened serious injury
  - Actual or threatened sexual violence
    1. Direct exposure
    2. Witnessing, in person
    3. Indirectly
   4. Repeated exposure during professional duties
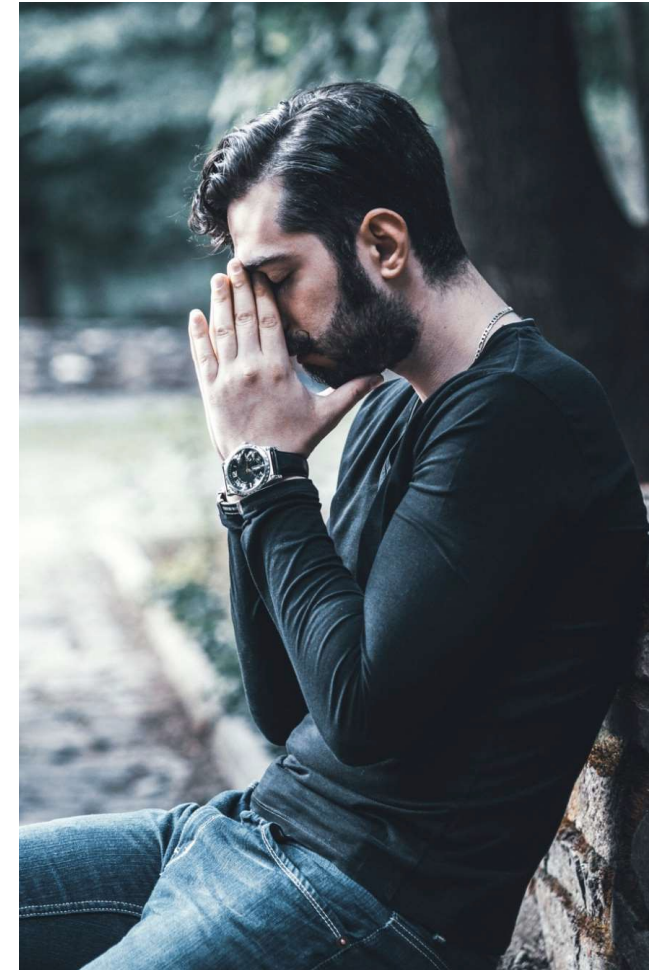
Complex Trauma

- Herman (1992) suggested "Complex PTSD" diagnosis
- Courtois' definition
  - "inability to self regulate, self organize, or draw upon relationships to regain self integrity," which is associated "with histories of multiple traumatic stressors and exposure experiences, along with severe disturbances in primary care giving relationships."
  - Complex Trauma can lead to:
    - Substance abuse
    - Unemployment
    - Homelessness
    - Impact on all psychosocial aspects of living

(Ringel & Brandel, 2012)

Types of Trauma
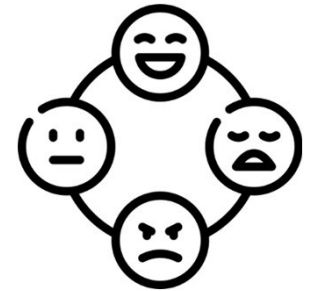
Acute trauma

- Generally, single event
- Sudden, unexpected
- More familiarity
- More typically covered under PTSD definition

Complex trauma

- Chronic problems of childhood
- Interpersonal trauma
- ACE study
- Now showing long-term impact
- "Chronic" trauma
- "Developmental" trauma

ACEs, PCEs, & Effects of Quarantine

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Adverse Childhood Experiences (ACEs)
THE BEGINNING

- Dr. Vincent Felitti and Dr. Robert Anda
- Started as an obesity study with Dr. Felitti
  - Obesity is a protective factor
  - Losing weight brought anxiety and vulnerability
- Research turned to addictive behaviors
  - Also coping mechanisms for early childhood trauma

ACEs Study

- Drs. Felitti and Anda teamed with Kaiser Permanente
- Research officially began 1995–1997
- Baseline survey: N = 17,241
- Followed for more than 15 years
- First results published in 1998
- Followed by more than 70 other studies through 2015
- Still growing!

ACE Questions

(All refer to respondent's first 18 years of life)

Abuse
- Emotional abuse
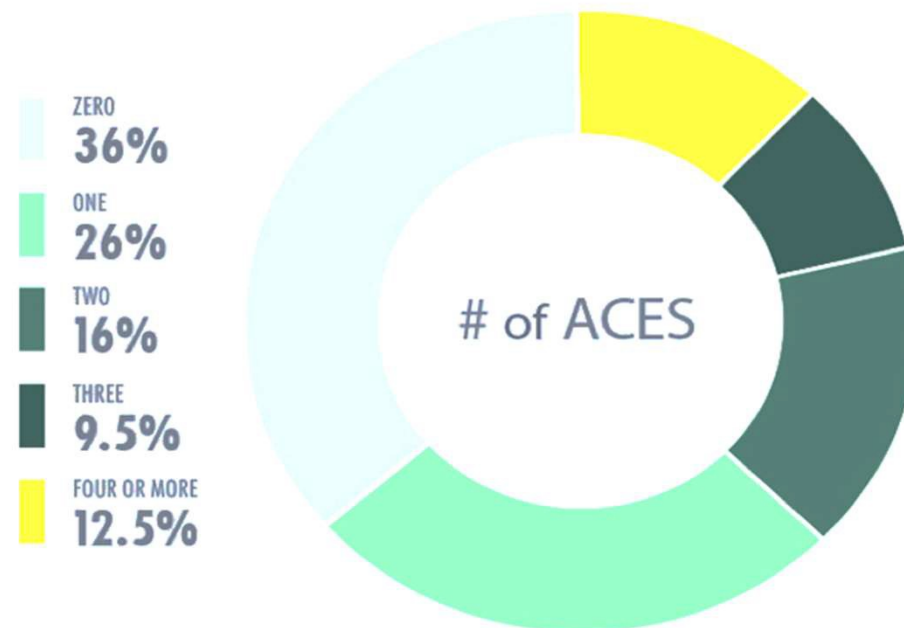- Physical abuse
- Sexual abuse

Household challenges
- Mother treated violently
- Substance abuse in the household
- Mental illness in the household
- Parental separation or divorce
- Incarcerated household member

Neglect
- Emotional neglect
- Physical neglect

How common are ACEs?

ACE Study

ZERO
36%

ONE
26%

TWO
16%

THREE
9.5%

FOUR OR MORE
12.5%

# of ACES

Results

- The MORE exposure to ACEs, the more likelihood of:
  - Health risk behaviors
  - Disease
  - Early death
- ACEs are related to seven of the leading causes of death in the U.S.

Increased risk of…

- Smoking, alcoholism, drug use
- Depression and suicide attempts
- Sexually transmitted disease
- Impaired job functioning
- Homelessness

- Criminal involvement
- Obesity
- Physical problems (heart, lung, liver disease, and cancer)
- Premature death

0 ACEs vs. 4 ACEs

Risk factor	% increase
Smoking	242%
Obesity	222%
Depression	357%
Illicit drug use	443%
Injected drug use	1,133%
STDs	298%
Attempted suicide	1,525%
Alcoholism	555%

Positive Childhood Experiences (PCEs)

- Have a great influence in promoting positive health
  - Getting needed social and emotional support or
  - Flourishing as an adult
- Positive health attributes may reduce the burden of illness
- PCEs may have lifelong consequences for mental and relational health despite co-occurring adversities such as ACEs

PCEs

- Children are more likely to have better mental health, a lower risk of depression, and healthier relationships in adulthood if they are able to:
  - Talk with family members about their feelings
  - Feel that their families stand by them during difficult times
  - Enjoy participating in community traditions
  - Feel a sense of belonging in high school
  - Feel supported by friends
  - Have at least two nonparent adults who take genuine interest in them
  - Feel safe and protected by an adult in their home

General Effects of Quarantine

- Financial loss; socioeconomic distress
- Concern about becoming infected or transmitting the virus
- Boredom
- Frustration
- Sense of isolation
- Poor information from public health authorities
- Lack of transparency about the severity of the pandemic
- Anger and anxiety
- Avoidance of crowds
- Vigilant handwashing

(Braunack-Mayer et al., 2013; Brooks et al., 2020; Cava et al., 2017; Jeong & Song, 2016)

Effects of Quarantine in Children

- Education disrupted—Nationwide school closures in 188 countries (91.3% of totaled enrolled learners) https://en.unesco.org/covid19/educationresponse
- Many children are hungry—22 million children rely on school for at least one meal. Results in stress, poor physical health, poor mental health, academic problems, social problems https://www.nokidhungry.org/who-we-are/hunger-facts

Effects of Quarantine in Children

- Vulnerable to secondary impacts of the pandemic on our society
- Stress in the home as a result of job loss, economic insecurity, and uncertainty
  - Increases risk of domestic violence—1 in 15 children in U.S. exposed and 90% of children witness it https://ncadv.org/statistics
  - Social distancing could result in a rise in trauma for children as abusers tend to isolate their victims from friends and others
  - Domestic abuse is surging worldwide https://www.nytimes.com/2020/04/06/world/coronavirus-domestic-violence.html

Effects of Quarantine in Children

- Children unable to access supports that help them cope, including friends, activities, teachers, freedom of movement, being in school
- Not all children had access to the same learning opportunities while at home: lack of capacity, financial resources, lack of/poor internet access https://time.com/5803355/school-closures-coronavirus-internet-access/

Psychological Effects of Quarantine in Children

- Confusion
- Anger
- Boredom
- Stigma
- Depression
- Anxiety

- Infection fears
- Difficulty eating
- Difficulty sleeping
- Posttraumatic stress symptoms
- Trauma-related mental health disorders
- Exacerbation of existing psychiatric symptoms

Impact of Trauma on the Brain

Brain Development

Brain area	Function
Hippocampus	Memory, emotional responses
Amygdala	Emotional regulation, social judgment, fear
Corpus callosum	General IQ, problem solving, visual–spatial, sleep, somatic complaints, social functioning
Cerebellum	Balance, coordination
Temporal lobe	Language processing, auditory processing
Frontal lobe	Higher mental processes: thinking, decision making, planning

Brain Development

Center on the Developing Child, Harvard University
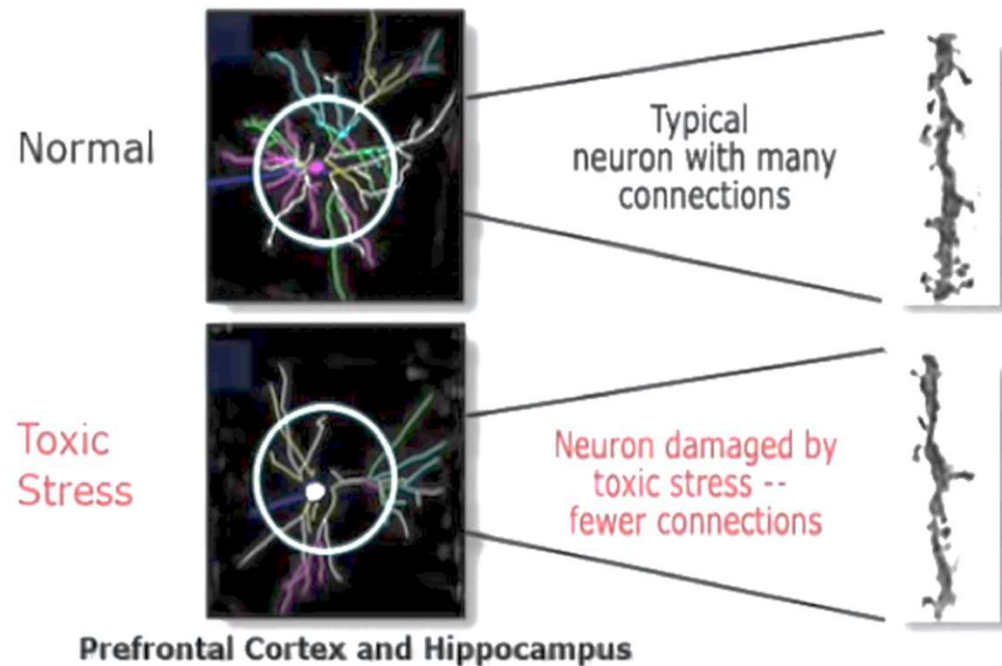
Return to School:
What Can We Expect as a Result of COVID-19 and Trauma

Health

A higher prevalence of:

- Obesity
- Depression, anxiety, suicide
- Sexually transmitted diseases
- Cancer
- Diabetes
- Heart disease
- Lung disease
- Premature death
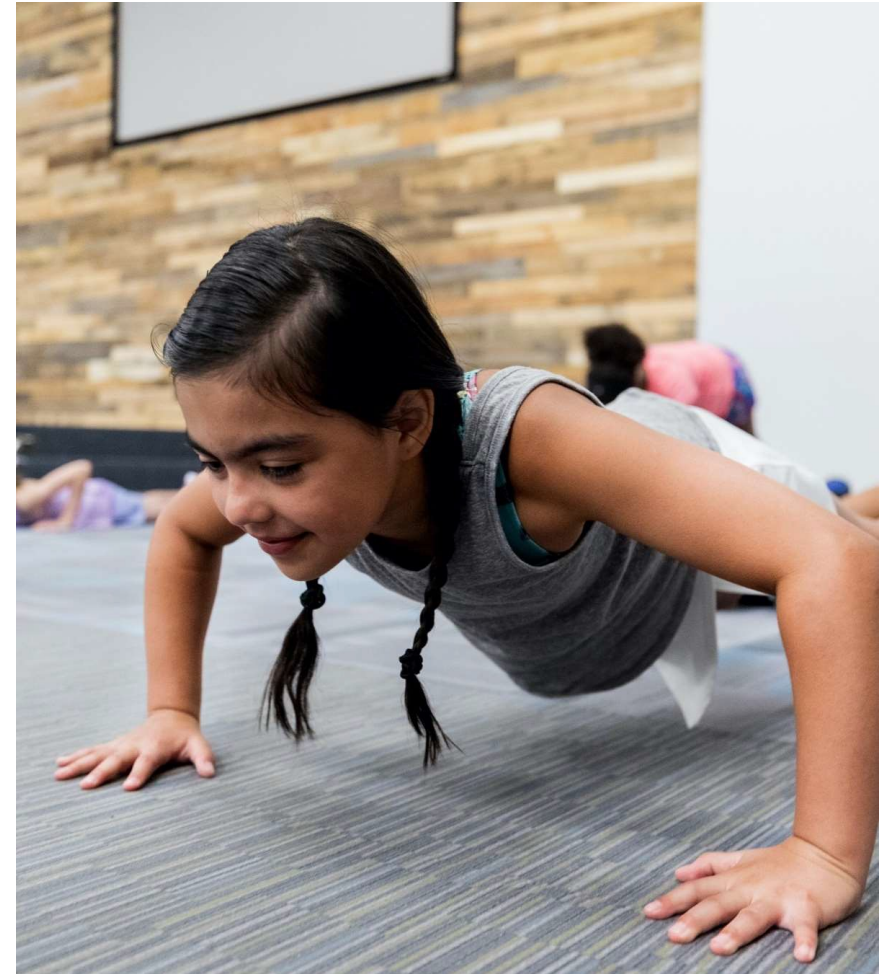
Learning

Students may have difficulties with:

– Memory

– Attention

– Cognition

– Focusing, organizing, processing information

– Feelings of frustration and anxiety

– Executive functions

Learning

- Lower GPA
- 2.5 times more likely to fail a grade
- Higher rate of school absences
- Increased risk of dropout
- Decreased reading and writing ability
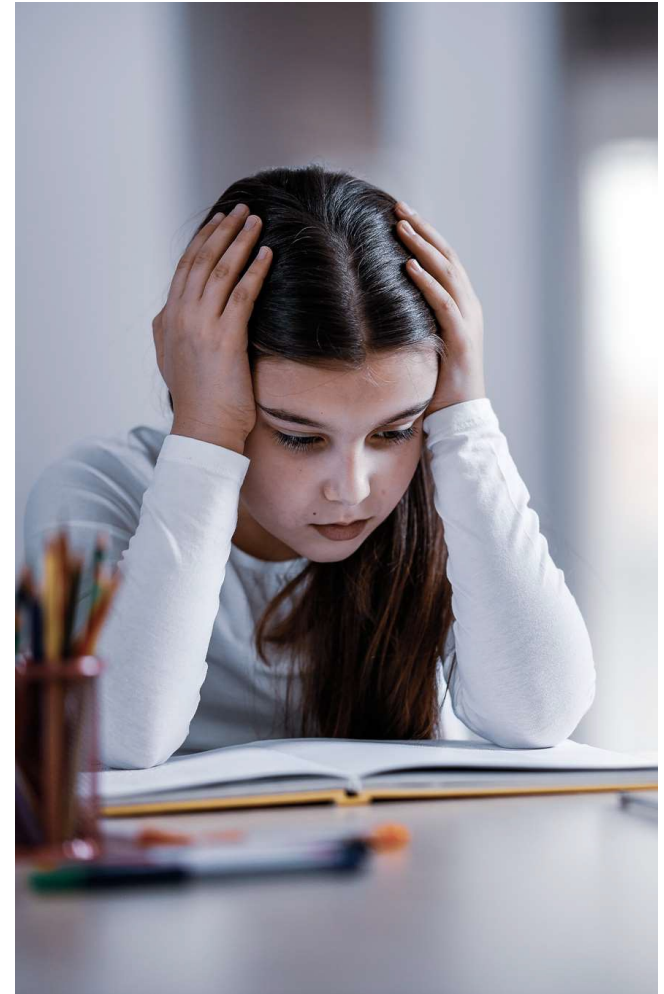- Lower scores on standardized achievement tests
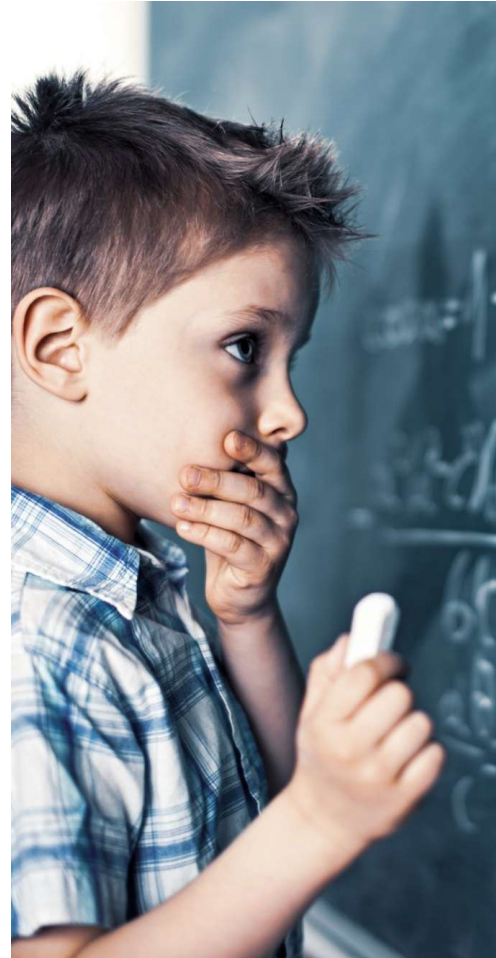
Learning

Kids with ACE score of 3 or higher:

- 48% reported low engagement in school
- 44% had trouble staying calm and controlled in the classroom
- 49% had difficulties finishing tasks
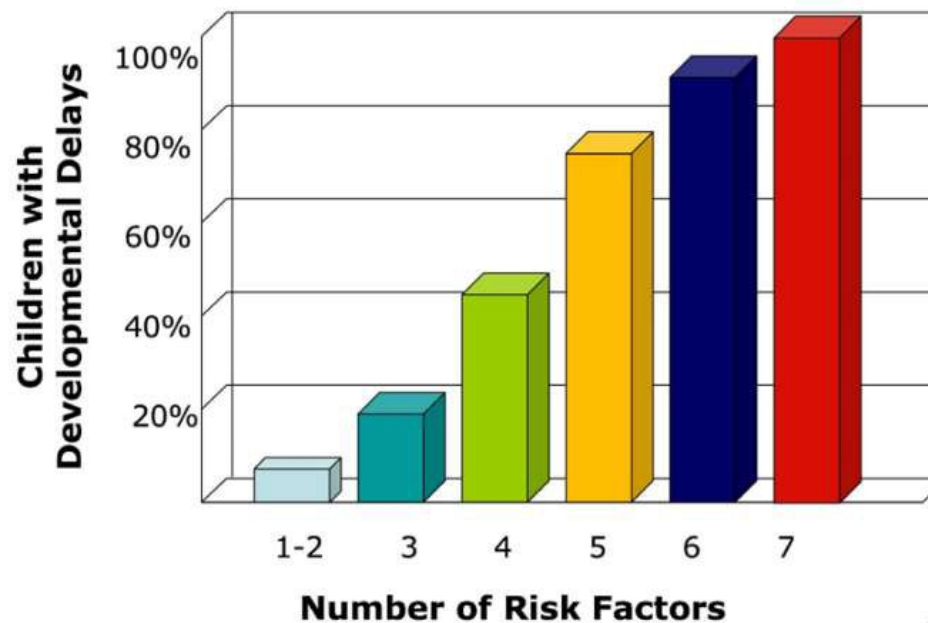- 23% were diagnosed with learning disabilities

(Murphey, D. & Moore, K., 2014)

Significant Adversity Impairs Development in the First Three Years

Source: Barth et al. (2008)

Relationships/Social Skills

Students with high ACE scores have difficulties:

– Trusting others

– With boundaries

– Controlling impulsivity and being overly reactive

– Understanding and interpreting emotions

– Interpreting verbal and nonverbal communication

– With self-awareness

Behaviors

Fight
- Rapid, unexpected mood shifts
- Dysregulation
- Hyperactive, reactive, impulsive
- Aggressive
- Defiant

Flight
- Withdrawal
- Escape/running away
- Social isolation

Freeze
- Constricted emotions
- Overcompliance/denial of needs
- Perfectionism
- Dissociation

Root of Challenging Behavior

- Pain or discomfort
- Frustration
- Anxiety
- Not understanding
- Distrust/fear

➡️ Find out WHY

Return to School

What Can We Expect?

PAR

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Wide Range of Reactions

- No concerns
- Academic backslide
- Social challenges
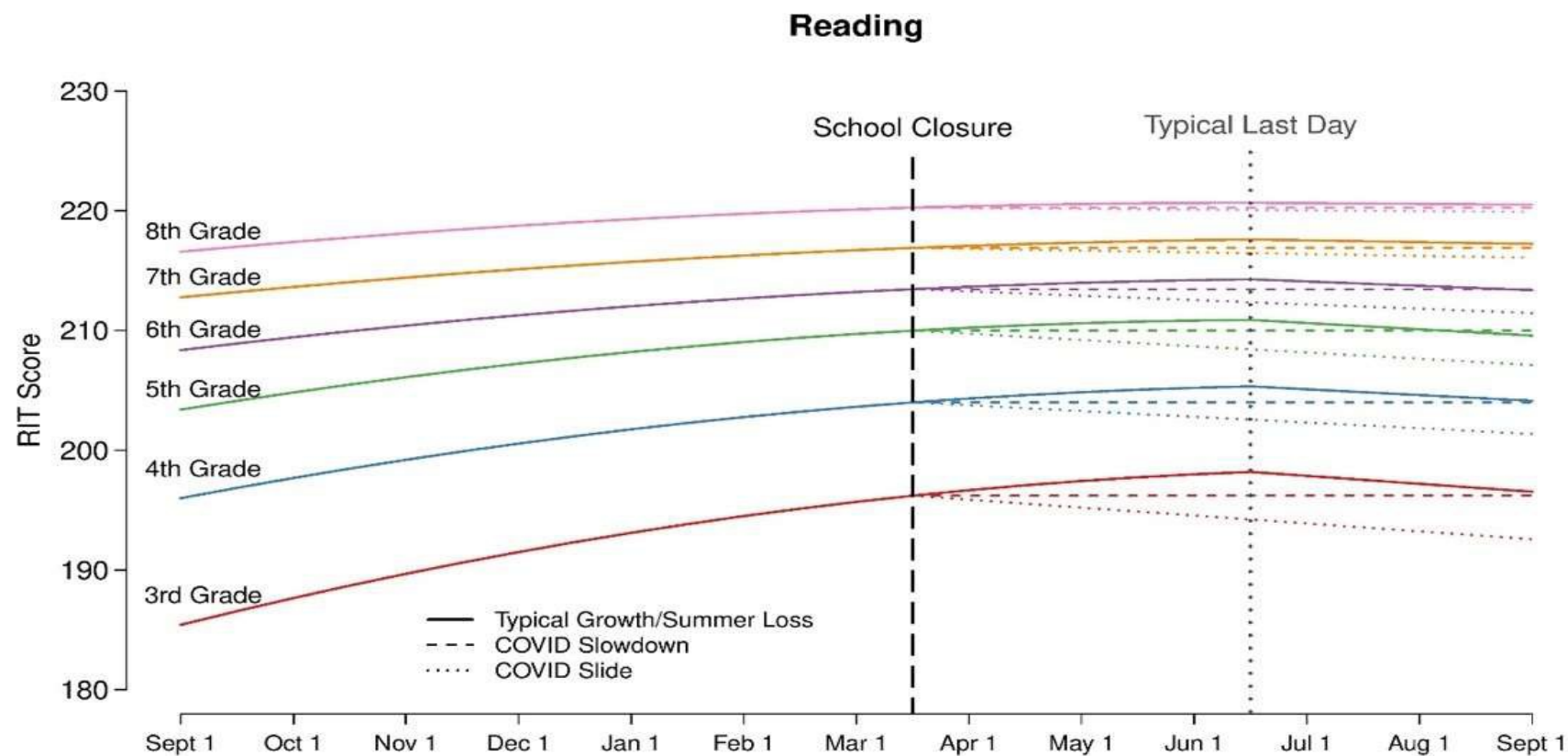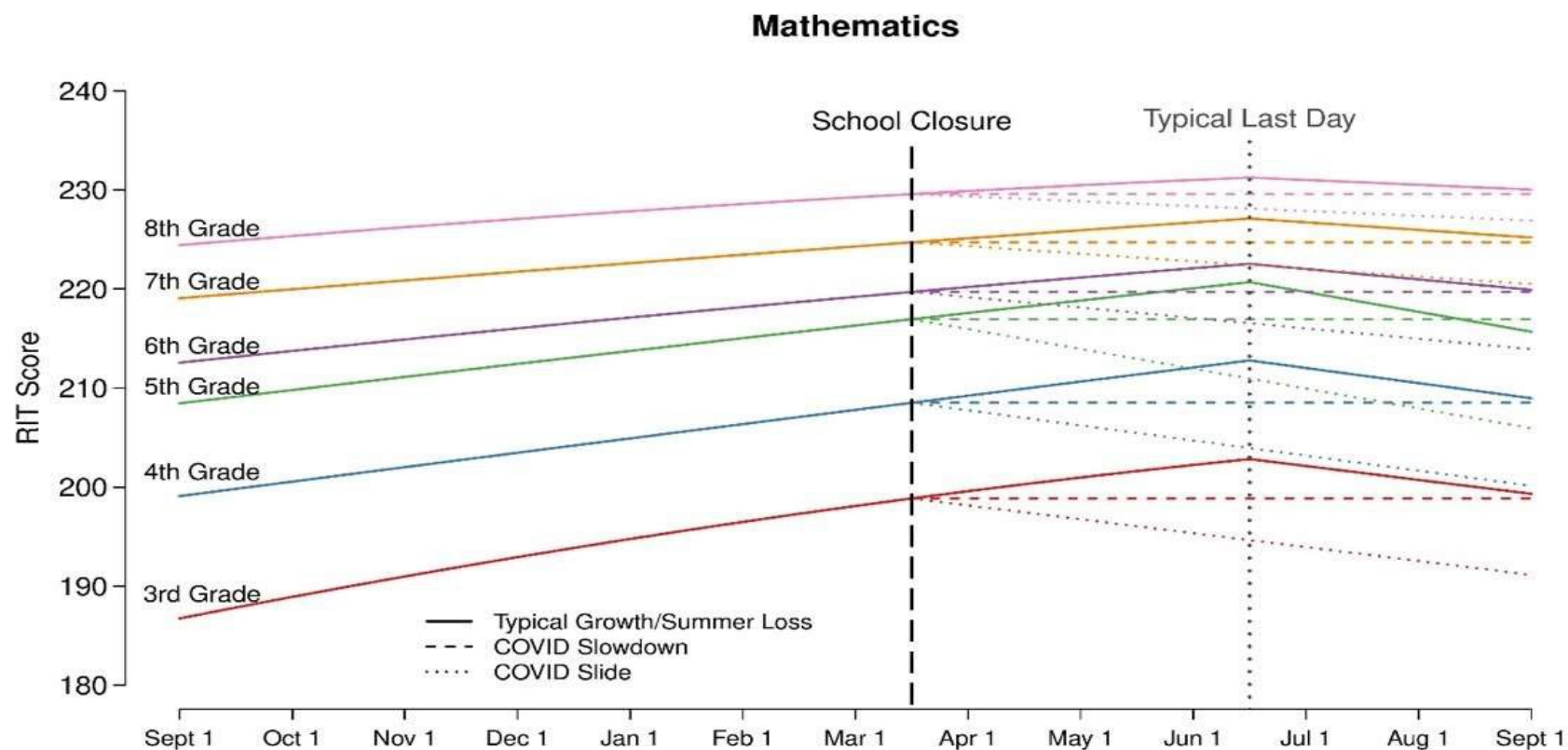- Emotional concerns
- Behavioral difficulties

Academic Backslide

- Varying home support
- Inconsistent teaching methods
- A lot depends on internal student motivation!

Academic Backslide—Reading

Academic Backslide—Math

Mathematics

Social Challenges

- Too clingy
- Withdrawal
- Making and keeping friends
- Not following social distancing guidelines

Emotional Concerns

- Grief over loss and/or events
- Increased psychological distress
- Irritability, anxiety, depression
- Pre-existing mental health concerns may worsen
- "It's OK not to be OK"

Behavioral Difficulties

- Nightmares
- Difficulties eating and sleeping
- Excessive focus on activities
- Regressive behaviors
- Increased irritability, anger, aggression
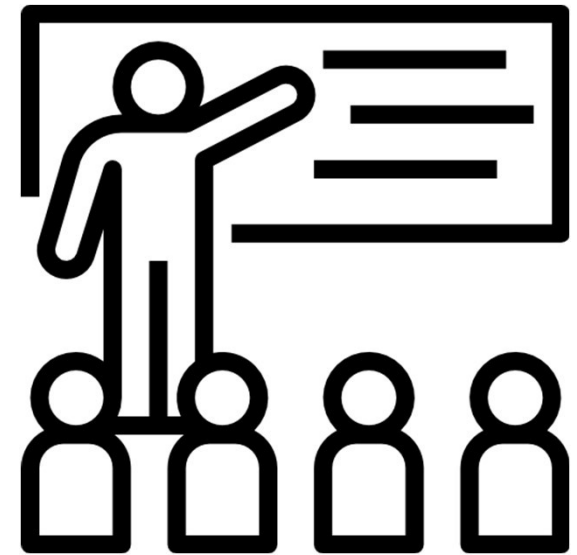- Self-harm
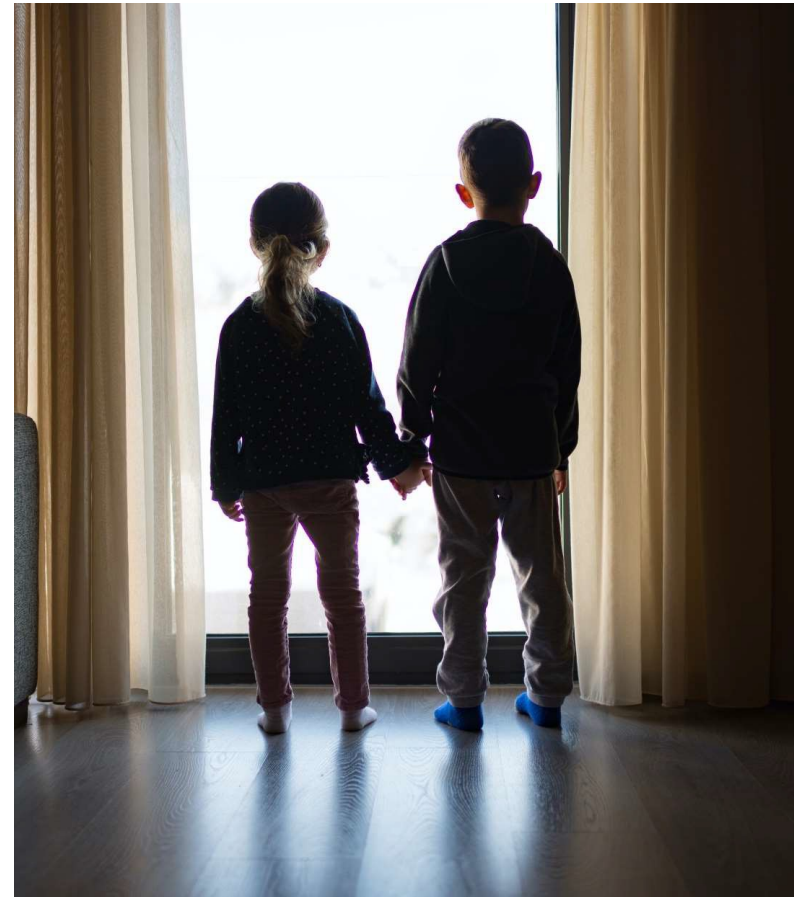
Prepare for Return

What Schools Do to Prepare for the Fall

Resources

- Publish resources for procedures
- Have crisis plan in order
- Plan for students who need to stay at home
- Employee training

Medical Plan

- Follow recommendations by health departments, WHO, CDC
- Adhere to "stay home when sick" regulations
- Monitor annual school health requirements
- Have school health staff and mental health staff involved in planning for reopening

Mental Health Plan

- Train employees
- Plan for students who require mental health support
- Contact students who do not return to school
- Plan for school avoidance
- Publish procedures for students who report:
  - Suicidal ideations
  - Homicidal ideations
  - Home abuse
- Address stigma

Interventions—General

- Show empathy and patience
- Calmly set limits
- Assure safety
- Provide age-appropriate information

Promote Resiliency

The Four Rs

- Relationships
- Reassurance—safety and caring
- Routines—provide familiarity and structure
- Regulations (emotional)—learn how to cope

Resilience can be taught!

Promote Positive Psychology

- Positive emotions
- What do we have control over?
- Gratitude
- Savoring
- Kindness
- Self-compassion

Grief and Mourning

- Students will have varied experiences
- Can mourn over **things** and **activities**
- Listen, validate feelings
- Avoid telling your own stories to children

Trauma Assessment

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State of Affairs in Trauma Assessment

- An estimated 50%-60% of children will experience some significant trauma in their lives as a result of any of a multitude of events including accidents, physical abuse, chronic neglect, and sexual assault, to name a few (NCTSN, 2012).
- January 2020 PAR trauma market research results ($N = 331$):
  - Clinical practitioners conducted more trauma assessments than school practitioners, $\chi^2 (1) = 49.66$, $p = .00$, $\varphi = -.387$.
  - Over half of survey respondents are already conducting evaluations that include some assessment of trauma; the majority include a comprehensive rating scale.
  - Trauma assessments are initiated at multiple points, but most frequently during a psychological or psychoeducational evaluation. This is to be expected as school psychologists complete an average of 60 [psychoeducational evaluations (initial and reevaluations)](#) per year.
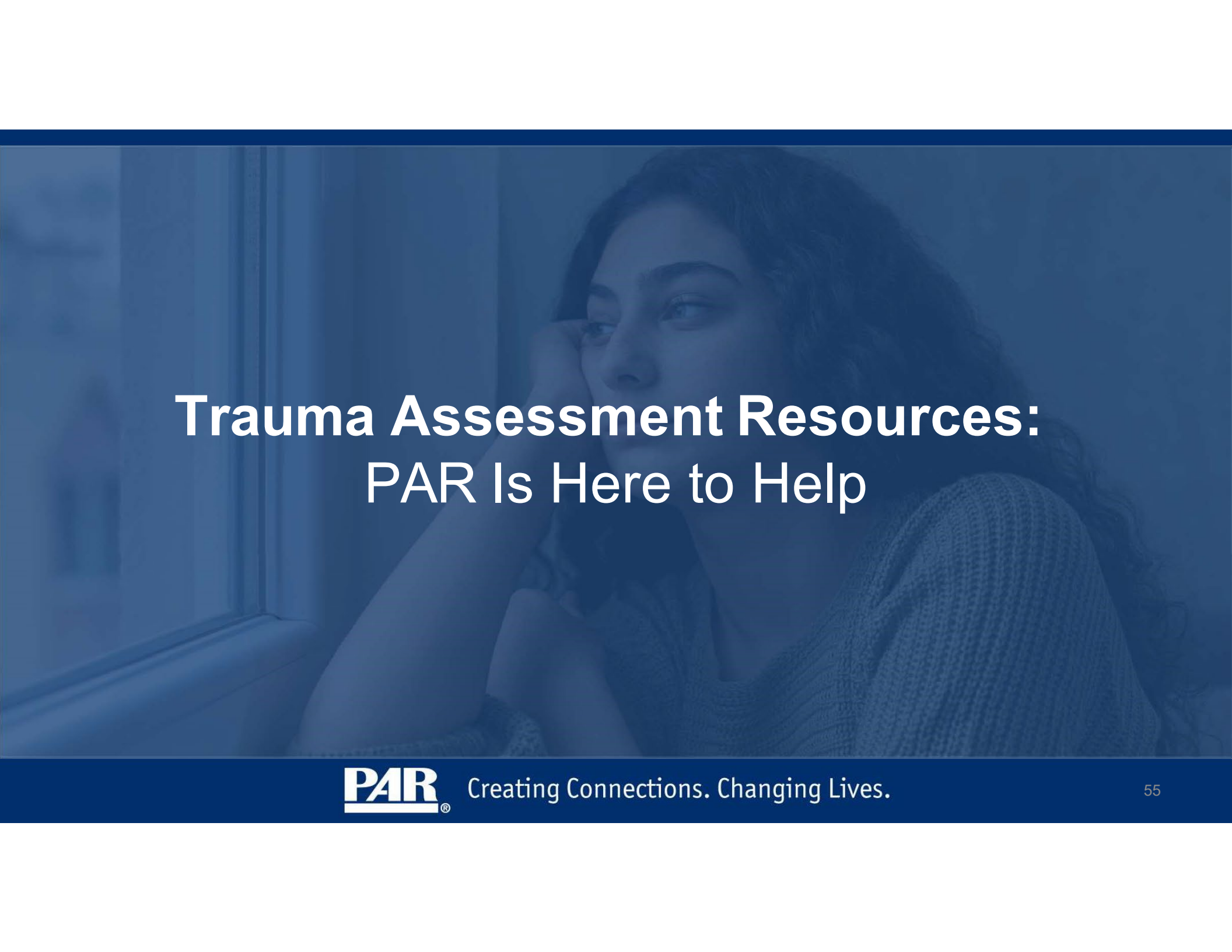
Considerations in Trauma Assessment

- Why trauma assessment?
  - Can determine history of trauma, trauma-related symptoms, if further assessment is needed, types of interventions needed
- Early identification leads to more positive outcomes
- Universal screening
- Individual screening
- Individual assessment
- Guidance document: Guidance for Trauma Screening in Schools (written by NASP leaders Katie Eklund and Eric Rossen in conjunction with National Center for Mental Health and Juvenile Justice)

Assessment Domains

- Many areas are affected by trauma: memory, executive function, behavior, depression, and anxiety

- Comprehensive assessment considers:
  - Relationships and attachment
  - Thinking and learning
  - Self-regulation (behavioral/emotional control)
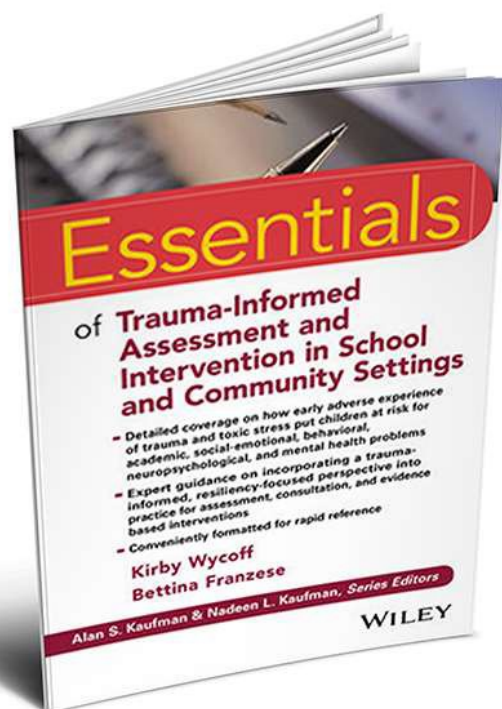 - Self-concept
  - Resiliency

Trauma Assessment Resources:
PAR Is Here to Help

Books Available from PAR

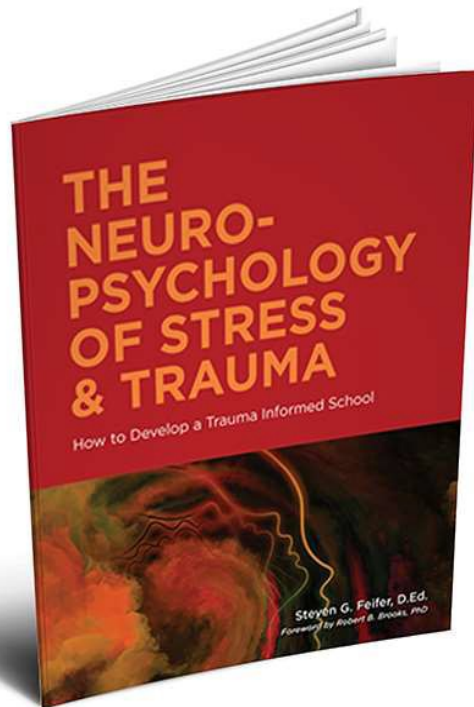**Essentials of Trauma Informed Assessment and Intervention in School and Community Settings**

Kirby Wycoff & Bettina Franzese

https://www.parinc.com/Essentials

White paper:

Trauma Talk: An Interview with Childhood Trauma Expert Dr. Kirby Wycoff

Books Available from PAR

The Neuropsychology of Stress & Trauma

Steven G. Feifer, DEd

www.parinc.com/NeuroStressTrauma

Blog:

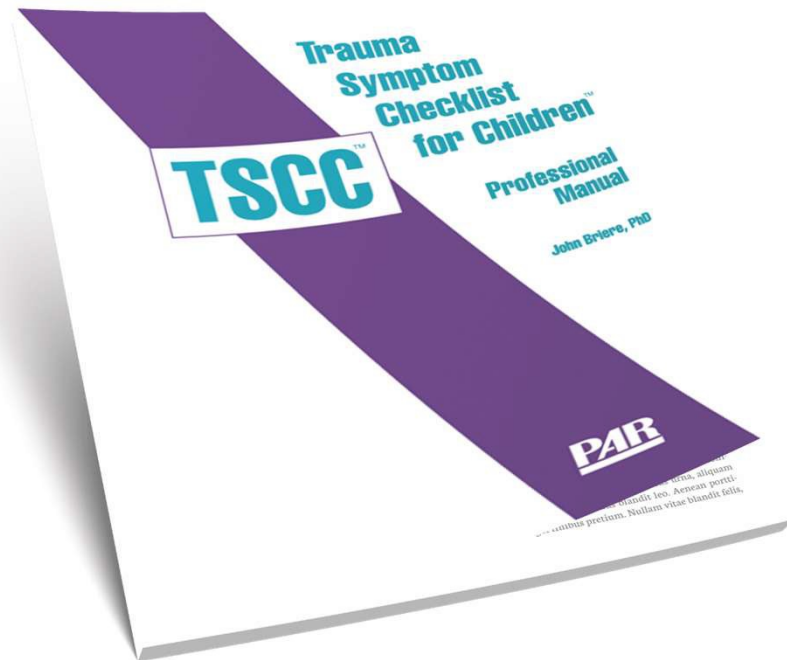Feifer Offers Insight Into Trauma, What Schools Can Do to Help

Trauma Instruments

Rating Scales

- Trauma Symptom Checklist for Children (TSCC)
- Trauma Symptom Checklist for Young Children (TSCYC)

Screeners

- Trauma Symptom Checklist for Children Screening Form
- Trauma Symptom Checklist for Young Children Screening Form

Trauma Instruments

Ages 8–16 years

Self-report

54 items, 15–20 minutes

Six clinical scales:

- Anxiety
- Depression
- Anger
- Posttraumatic Stress
- Dissociation
- Sexual Concerns (optional)

Available in Spanish

Trauma Instruments

Ages 3–12 years

Caretaker report

90 items, 20–25 min

Eight scales:

- Anxiety
- Depression
- Anger/Aggression
- Posttraumatic Stress-Intrusion
- Posttraumatic Stress-Avoidance
- Posttraumatic Stress-Arousal
- Dissociation
- Sexual Concerns

Available in Spanish

Resilience/Strengths Instruments

- Social Emotional Assets and Resilience Scales (SEARS)

- Risk Inventory and Strengths Evaluation (RISE)

Resilience/Strength Instruments

Ages 5–18 years

Teacher, parent forms

Separate self-report forms

Ages 8–12 years

Ages 13–18 years

Four scales:

Self-Regulation

Social Competence

Empathy

Responsibility

Additional PAR Assessments
Related to Impact of Trauma

- parinc.com/BRIEF2
- parinc.com/BERS2
- parinc.com/ChAMP
- parinc.com/PSI4
- parinc.com/PAI_A

- parinc.com/RADS2
- parinc.com/RCDS2
- parinc.com/RCMAS2
- parinc.com/Roberts2
- parinc.com/SRS2

PAR Addresses Customer Needs

- PAR's response to the pandemic includes:

- Guidelines for telehealth practice using PAR products
- Increase in PARiConnect products including digital administration and scoring
- Paper stimulus books converted to digital stimulus books
- Remote versions of tests

What's Next and Resources

What's Next

- Educate yourself
- Educate others
- Participate

NASP Resources

COVID-19 Resource Center

https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center

Sections on:

- Return to School
- Special Education
- Crisis & Mental Health
- Families & Educators

CDC Resources

Centers for Disease Control and Prevention formation
CDC 24/7: Saving Lives, Protecting People™

This site is for K–12 schools:

https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/index.html

George Washington University

The Center for
Health and Health Care in Schools

Resources for response to COVID-19

http://healthinschools.org/schools-and-covid-19-resources-2/#sthash.k2cqazJZ.IGDA5eVz.dpbs

National Center for School Mental Health (NCSMH)

UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

Resources for returning to school

http://www.schoolmentalhealth.org/COVID-19/

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Self-Care for Student Support Professionals

T R A I L S

## Self-Care During COVID-19

FOR STUDENT SUPPORT PROFESSIONALS

10-page printable guide—can help with self-care, but also with talking tips and guidelines for helping others

https://storage.trailstowellness.org/trails-2/covid-19-resources/self-care-during-covid-19.pdf

Remember: everyone in the classroom has a story that leads to misbehavior or defiance. 9 times out of 10, the story behind the misbehavior won't make you angry. It will break your heart.

— Annette Breaux

TheCornerstoneForTeachers.com

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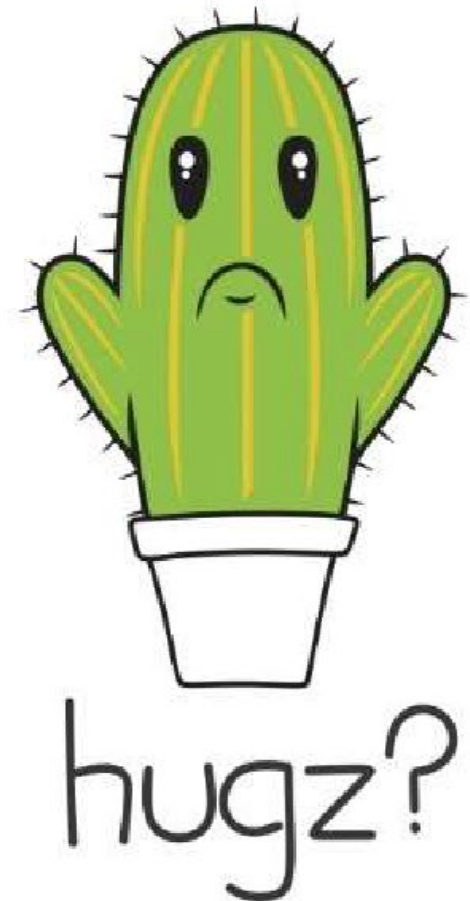
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